

A Patients' Opinion Survey at Firland Sanatorium

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U. S. Navy photograph

WHEN Firland Sanatorium wished to find out the patients' opinions about their care and treatment so that it could make changes which would lead to greater satisfaction, it was evidence of a realization that the psychological reactions of patients affect their recovery. It also indicated the willingness of the hospital staff to see themselves through the eyes of the patient.

Some of what the staff saw pleased them very

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Miss Vavra's first report on the Firland survey appeared in the American Journal of Public Health, September 1952. The present report is based on her paper for the annual meeting of the Western Branch, American Public Health Association, April 20, 1955, in Phoenix. The full report (181 pages) has recently been published and may be obtained from the Anti-Tuberculosis League of King County, Wash.

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much, but some of what they learned gave them insight which resulted in administrative changes in personnel, improved ways of counseling patients and assigning the nursing staff, better arrangements for good housekeeping, and specific modifications for the patients' comfort.

The Hospital Setting

Firland Sanatorium, the King County (Wash.) hospital, had moved to its present location on the north side of Seattle about 4 years before we undertook a patient opinion survey in May 1951. The new location had formerly been occupied by the Seattle Naval Hospital. After the move, the sanatorium had met the usual problems of expansion from a 400-bed unit to one of 1,300 beds, housed in 54 buildings on 160 acres of ground. Twenty-one physicians and 115 registered nurses were working full time in an administrative plant of 5 medical services, each service headed by a medical chief. The hospital was handicapped by the shortage of graduate nurses.

The medical and nursing staffs are assisted by social workers, occupational therapists, dietitians, vocational counselors, teachers, a dentist, and dental technicians. Other employees include practical nurses, nurse aides, food-service and housekeeping personnel, janitors, orderlies, and so forth, bringing the aver-

age number of employees to about 916 at the time of the survey.

Firland is fortunate in having more than adequate recreation facilities. Ambulatory patients have access to a lounge, an auditorium, a workshop, library, poolroom, music practice room, greenhouse, modern kitchen (for teaching work simplification and energy conservation), printing press, and television programs.

Movies and a patient-operated store are the most popular ways of passing time for patients having limited activity status. Mail is taken to the wards every day from a branch post office at the hospital. The large grounds and numerous pathways encourage the enjoyment of picnics and walks. A central intercommunication system and earphones or pillowphones bring the pleasure of music and entertainment programs to the bedridden. Up-patients wheel magazine carts to the patients in bed and contribute to their happiness in many ways. Many patients have their own radio or television set.

A patients' council representing the wards meets with the hospital staff to work out solutions to any grievances. Weekly broadcasts by the medical director and the reading of the hospital bulletin over the intercom help supplement the personal contacts of the professional staff and patients. Each newcomer on admission receives a pamphlet, "Welcome to Firland," explaining the rules of the hospital. Four teachers work with patients taking elementary or high school courses through an arrangement with the Seattle public schools. Religious counseling is always available, and services are held once a week or more often.

Each patient is assigned to one of the five medical services, where he usually remains from the time of admission except for temporary assignment to a surgical unit when necessary. It is hoped that this procedure gives him a feeling of continuity in his treatment and contributes to his personal relationship with his physician.

The Hospital Patients

At the time of the study (May 1951) the patient census was 1,137. The supervising nurses reported that 198 patients were ineligible for the study because they were too ill, too young, or had language difficulty, or were absent be-

cause of town leave or treatment. Of the 939 eligible patients, 91.3 percent (857 patients) completed their questionnaires.

The patient population studied (857 patients) was 60 percent male and 40 percent female. Ages ranged from 15 to 91 years. Forty percent of the men were under 40 years of age, while 75 percent of the women were in this age category. Thirty-six was the median age of all patients. Half (48.9 percent) of the women were single, widowed, divorced, or separated, but two-thirds (67.5 percent) of the men were in this category of the unmarried.

The median year of school completed by patients 25 years old and older was 11 (10.7) years, a little lower than the amount of schooling (median year 12.1) completed by Seattle residents. Twenty-seven percent had finished high school. An additional 20 percent had some college education.

Admission to Firland was the first admission to any tuberculosis hospital for 68 percent of our patients. Twenty-five percent had been here for less than 6 months, another 25 percent for 24 months or more. Eight percent had relatives who were also patients in a tuberculosis hospital. Approximately two-thirds of the patients were restricted to bed rest. Some lonely individuals (7.4 percent) never had any callers, but almost two-thirds (61.6 percent) of the patients had visitors once a week or more frequently.

Three hundred five of the participating patients were in private rooms, and the remaining 552 were in wards of approximately 66 beds each.

Need for the Study

Studies similar in purpose to our study at Firland have been made in recent years to ascertain whether patients were satisfied with the hospital care they were experiencing (1-4). Concern as to why patients leave the hospital against medical advice has led to studies of the reasons they give for not remaining until their discharge is recommended. Concern over irregular discharges was the basic reason for the Firland study.

In 1950, 44 percent (299) of all live discharges at Firland were against medical advice.

At first glance this rate appears to be high, but undoubtedly it is affected by the sanatorium's high standard of medical discharge. A patient had to demonstrate the stability of his tuberculosis over a minimum of 3 months by 7 or more hours of daily activity.

The challenge of reducing the number of irregular discharges, reactivations of the disease, and the resulting readmissions prompted the medical director and the business manager of Firland Sanatorium to initiate the patient opinion survey. By having all hospital staff members become more aware of the factors in total patient care which contribute to satisfaction and dissatisfaction, they hoped to encourage the staff to modify any practices which might hamper wholehearted cooperation with the prescribed treatment.

The purpose of this study was to obtain useful information in the operating situation. It might be described as action research in an applied setting. By obtaining patients' responses to a large number of questions, some of which were open-end, free response types of questions, we hoped to obtain information which might provide a somewhat better basis for administrative planning. No claim is made that this study is basic research of the real attitudes and beliefs of our patients. However, we feel that this type of action research did tend to point up some specific areas of satisfaction and dissatisfaction which might have some real meaning for all institutions concerned with long-term care.

Conducting the Study

The methodology of our study contains these six features which helped increase its effectiveness:

1. The cooperation of the patients' council in wording the questions, in pretesting the questionnaire for clarity and ease of administration, and in distributing and collecting responses.
2. The use of both open-end and closed-end types of questions.
3. The patients' rating of hospital personnel on 10 designated personal traits such as "interested in you," "know their jobs," "friendly," and so forth.
4. The establishment, independent of the survey, by the staff members themselves of their

own qualitative standard of performance on key questions.

5. The staff's assistance in deciding on the questions to be asked.

6. The appointment of a hospital coordinating committee to plan staff and patient participation and to help interpret the data being collected.

The coordinating committee represented each of the professional disciplines in the hospital. It included the chief of one of the medical services and a consulting psychiatrist from the University of Washington Medical School, a representative from the Washington State Division of Vocational Rehabilitation, as well as the two authors of the survey, who represented the Department of Public Health and Preventive Medicine and the Washington Public Opinion Laboratory, University of Washington. The committee met once a month.

The medical director of the hospital sent a friendly letter to all patients, explaining the purpose of the study and telling them to consider the questionnaire as an opportunity to give their opinions in confidence without signing their names.

The 857 respondents answered 105 write-in, yes-or-no, and multiple-choice questions. Altogether there were some 140,000 coded answers, which the statistical division of the Seattle-King County (Wash.) Department of Public Health helped tabulate. The patients' comments about things liked and disliked added much useful information. The content analysis of the written comments was time consuming and delayed completion of the study, but these responses gave us the best insight as to how patients really felt about their hospital experience. The analysis of the study was completed in November 1954.

Responses to the Questions

The survey attempted to elicit from every patient his opinion about almost every phase of hospital experience, including his understanding of the ways in which the staff members were working toward his recovery. Questions were asked about such items as knowledge of the disease, medical treatment, nursing service, food, routines of care, physical environ-

Firland Sanatorium Rating Worksheet for Key Questions

(Seven sample questions)

To Staff Member: The purpose of these ratings is to establish criteria by which to interpret the responses of patients to selected questions in the patients' attitude survey. For each question below, fill in your best estimate of the percentage response that you would rate as a "poor" response and the percentages you would rate as "fair," "just acceptable," "good," and "very good" responses.

Key questions	What percentage response would you rate as—				
	Poor?	Fair?	Just accept- able?	Good?	Very good?
Do you think this hospital is run with your welfare at heart? Percent answering "Yes" -----	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.
Do you feel this treatment here is helping you? Percent answering "Yes" -----	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.
Is there much unnecessary delay in getting a report about your X-ray and lab tests? Percent answering "Seldom or never."	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.
Do you feel you are getting good care? Percent answering "Excellent or very good."	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.
Are your physical complaints (like headaches, etc.) taken care of satisfactorily? Percent answering "Always or often."	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.
In general, do you think you get the nursing care you need? Percent answering "Always or mostly."	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.
How often does your doctor have private talks with you? Percent answering "As often as necessary."	Less than --%	--% through --%	--% through --%	--% through --%	--% or more.

ment, patients' council, rating of traits of personnel with whom they came in contact, and special services such as occupational therapy, vocational counseling, and social service.

The patients rated high the skills and technical knowledge of the staff. They evidenced understanding of the communicable aspects of tuberculosis and of the importance of bed rest in its treatment. They admitted the inability to adjust to bed rest and indicated the extent of the inability. They revealed a lack of understanding of the functions of the medical social worker. They indicated that their chief worry was about plans for the future.

Patients tempered their criticisms of unsatisfactory experiences in the hospital with praise of other, highly satisfactory experiences. They

chose words expressing very high satisfaction or very low satisfaction when commenting about members of the hospital staff who did or did not show understanding of their problems or who did or did not treat them as individuals. Their comments and responses indicated concern about their need for more private talks with their physicians and expressed anxiety regarding delays in getting X-ray and laboratory reports.

Ninety percent rated Firland as a good hospital or one of the best tuberculosis hospitals. Only 10 percent rated their care as fair or poor. We were pleased to learn that 89 percent said that their families believed they were in the best place for care while they had tuberculosis.

Here are two examples of the closed-end ques-

tions we used and the percentage responses tabulated. In these questions, as in the other tabulations reported, the percentages mentioned are derived in each instance from the number of patients answering the questions:

Are you told ahead of time what changes there will be in your treatment?

	<i>Percent</i>
Always.....	35.5
Often	27.4
Now and then.....	18.1
Seldom.....	9.5
Never	9.5

Are your physical complaints (like headaches) taken care of satisfactorily?

	<i>Percent</i>
Always	51.9
Often	21.2
Now and then.....	18.3
Seldom.....	5.4
Never	3.2

Although 95 percent answering one of the closed-end questions indicated that a tuberculosis hospital was the place to go for treatment as well as to protect others from tuberculosis, only 61 percent in response to an open-end question about ways to prevent tuberculosis wrote clear-cut statements with correct answers such as: "Stay away from others, isolate the sick person." In another closed-end question indicating the degree of understanding about tuberculosis, 95 percent said it is possible to feel well and still have tuberculosis. In still another, only 86 percent recognized that tuberculosis does not always give warning in its early stages.

Comments written in by the patients covered a wide variety of topics. In the full report of the study, analysis of these comments are reported in detail (5). However some selected comments regarding the survey, the hospital, and care are as follows:

"This (meaning the survey) is the finest thing that has been done."

"If you would do more of this, we'd like it."

"This is a wonderful hospital—thanks for everything."

"The staff works out treatment in a fine way, but I believe the mental outlook of the patient is left entirely to chance."

"Good care—indifferent attitude—they feel

we are a pair of lungs in bed with absolutely no feelings whatsoever. Treatment and care conform too closely to an assembly line process."

"Care is excellent—personnel take sincere interest in my feelings and my care."

"My doctor always stops to report any news on tests and my condition and to check on how everything is going."

"I can understand that our doctors are too overworked to take time to explain, but that doesn't solve my problem of wanting to know about the progress or retrogression of my case. Wish something could be done about this."

"I know the nurses are busy, but can't we have better service at night?"

"Shortage of help makes us rush our routines until we are exhausted."

"Why can't we have our pajama tops ironed?"

"Try to get more movies—at least once a week."

Standards of Performance

Since we had no other study with which to compare the patients' reactions to their care, and yet we wished to make some kind of qualitative judgment about their responses, we asked some of the professional staff—mostly physicians, supervisory nurses, dietitians, and social workers—to experiment with us, establishing their own standards of performance in terms of patients' responses.

The staff selected 27 key questions which they thought would best reflect the patients' reactions to the care, treatment, and service the patient received from the professional and housekeeping staffs at the sanatorium. Next, the staff estimated on rating worksheets (see sample) the percentage of favorable replies which they thought would be evidence of poor, fair, just acceptable, good, or very good performance on their part. In this fashion, physicians, nurses, and some of the other members of the staff worked out estimated standards of performance for themselves as a group by a majority vote of the percentages they considered acceptable for each category.

The hospital coordinating committee selected the estimated percentage in the "good" category as the qualitative standard for each key question. Then for each key question, we compared

the actual percentage of favorable responses given by the patients with the estimated standard agreed upon by the majority of the staff as indicating "good" performance on their part. We also tabulated responses by wards so that the staff could see how their own wards performed.

"Do you know what the social worker can do for you?" a key question, is an example of how the actual responses compared with the estimated standard of good performance the social workers had set for themselves.

Percentage of patients checking "Yes," they knew what the social worker could do for them----- 48
 Estimated standard of "good" performance----- 60

The social workers had estimated that a percentage response of 60 percent would indicate

Table 1. To the question, "How often does your doctor have private talks with you?" 423 patients (out of 749 answering the question) indicated by their written responses that they had private talks as often as necessary

Ward	Number of patients answering question	Respondents indicating that they had private talks as often as necessary	
		Number	Percent ¹
All wards-----	749	423	56
32-----	23	19	83
40-----	11	9	82
3-----	24	19	79
51-----	41	31	76
4-----	36	26	72
55-----	38	24	63
2-----	24	15	62
5-----	40	25	62
15-----	32	20	62
33-----	29	17	59
52-----	27	16	59
1-----	16	9	56
44-----	18	10	56
31-----	29	16	55
53-----	58	32	55
11-----	45	23	51
12-----	30	15	50
54-----	40	20	50
14-----	46	21	46
6-----	7	3	43
34-----	42	18	43
43-----	19	8	42
30-----	46	18	39
10-----	23	8	35
41-----	5	1	20

¹ Percentages are based on the number of patients answering the question in each ward.

a "good" standard of performance on the part of the social service staff.

Replies to the question, "Is there much unnecessary delay in getting a report from your X-ray and laboratory tests?" pointed up an area of dissatisfaction.

Percentage of patients checking "Seldom or never any unnecessary delay"----- 55
 Estimated standard of "good" performance----- 75

The physicians had estimated that if 75 percent answered the question favorably, they (the physicians) would consider this evidence of "good" performance on their part. As it was, the replies showed that only 55 percent thought there was seldom or never any delay in getting reports. Only one ward met the physicians' standard in this respect, and written-in comments by the patients indicated their anxiety about delays in reports of X-ray and laboratory tests.

One of the questions which produced changes in administrative planning related to the satisfaction of having private talks with the doctors. When written-in responses to the question (table 1) were analyzed and tabulated by wards, we saw that the estimated standard was being met in only five wards. The overall responses showed that 56 percent of the patients felt they had private talks as often as necessary, but a 70-percent response had been agreed on as the estimated standard of good performance for physicians.

To Lessen Dissatisfaction

Of course, the reactions of the physicians varied. Some tended to belittle the significance of the study, saying that the criticisms didn't mean much, that the dissatisfied were probably influenced by some extenuating factor such as a neurosis or alcoholism. They called attention to the fact that 29 percent of the 299 irregular discharges in 1950 were classed as alcoholics.

Most of the physicians agreed, however, that the results of the survey reflected patient discontent in some measure and that the various criticisms should be answered by constructive changes in administrative procedures, and by serious consideration of the psychological factors which may be involved in the patients' reactions to certain administrative procedures.

The immediate problem was how to lessen discontent. To some it appeared that most of the areas of dissatisfaction could be eliminated by having the medical service institute a program of interviews for each patient in the doctors' conference room. The interview conference, they said, has been effective in teaching a patient about his own form of tuberculosis and about the disease in general.

The doctors proposed that the patient meet, shortly after admission and at frequent intervals thereafter, first with the chief of the service, the staff physician, resident physician, and then with the medical social worker, vocational counselor, chaplain, and any others on the staff, including nursing students, who might be able to help him understand his own case.

The patient's doctor would start the first conference by holding up the chest X-ray, explaining it in detail, pointing to the location of the disease, indicating the cavity, and so on. By encouraging inquiry about the implications of his own case, questions about the therapy—whether drugs and bed rest alone would control the disease or whether surgery might be necessary—the patient would be drawn into discussing his home problems, his future plans, his welfare. The hoped for result would be a gain in understanding for everyone.

The interview sessions have now been in effect

for 4 years. The program has been valuable in the day-to-day management of the patient. It supplies much of what each person in a tuberculosis sanatorium craves—a climate of helpfulness, a form of reassurance, and practical education about his specific form of the disease.

At present, the doctors' offices have been moved near the wards so that the doctors may have X-rays and charts close at hand and will be able to see patients every day if necessary. The change involved a reorganization in the filing arrangements and in the use of the clerical staff. It has made for a closer working relationship with the nursing staff on the wards.

Rating of Personal Traits

Our survey questionnaire gave every patient a chance to say whether he thought the doctors and others on the staff were uninterested or interested in his individual welfare. As a group, doctors, head nurses, nurses, orderlies and nurse aides, pantry maids, and ward maids and janitors were assessed by the patients in a 3-way rating of 10 personal qualities checked by each respondent. For example, for the trait "interested in you," the patient could check "often," "now and then," or "seldom" for each staff group. As with the standards of performance set for the 27 key questions, 7 of the personal

Table 2. Doctors and nurses as Firland patients saw them, percentage response, 1951 study

Quality	Doctors			Nurses		
	Often	Now and then	Seldom	Often	Now and then	Seldom
<i>Positive</i>						
Know their job.....	92	7	1	78	19	3
Try to get you to take a good cure.....	86	8	6	71	16	13
Friendly.....	83	15	2	76	20	4
Willing to listen.....	79	16	5	72	20	8
Can remember them smiling.....	78	18	4	71	23	6
Interested in you.....	75	19	6	57	30	13
<i>Negative</i>						
Crabby.....	87	12	1	74	22	4
Unreasonable.....	85	11	4	80	17	3
Bossy.....	81	13	6	71	20	9
Show favoritism.....	75	15	10	68	20	12

traits were chosen for measuring good performance on the part of medical, nursing, and housekeeping personnel.

The prevailing opinion of the patients as to the personal qualities of doctors and nurses is shown in table 2 by the percentage of patients responding. For example, 92 percent of the replies indicated that these patients thought the doctors knew their job and 78 percent thought the nurses knew their job. The quality "interested in you" rated the lowest response for all personnel and rated 75 and 57 percent, respectively, for the doctors and the nurses.

During the 4 years since the study was made, there has been a gradual weeding out of the nurses, nurse aides, and others who were showing little interest in the patients. Also there has been serious discussion among the medical staff and nursing personnel regarding the importance of having the patient realize that they are "interested in him as an individual."

To assist with the educational program for patients and staff, a full-time professional health educator has been employed as of February 1956.

Some Other Improvements

Some of the changes in the hospital setting at Firland Sanatorium we attribute to the staff's seeing their own performance from the viewpoint of the patients, but there have been many other changes. Changes have been made in the administration of the nursing department, for which the orientation of all new staff members was revised. The nursing program has been adapted to the needs of different personnel on the staff. Some of the head nurses are assigned to smaller units to provide for better ward coverage, both during the day and at night.

All new employees and employees formerly assigned to night duty have an opportunity to work on the day shift. Classes in advanced procedures are held for selected groups of practical nurses assigned to evening duty, and review classes are held for practical nurses and orderlies. Additional assistant housekeepers have been employed in the housekeeping department to supervise the work of the janitors and maids. The laundry has benefited from

changes in personnel and from improved methods of handling lost articles. We now iron pajamas.

Changes made in the dietary department provide closer supervision of all foods checked out of the kitchen. Subordinate leaders are being developed from among the cooks, pantry workers, dishwashers, and counter girls. The relationship between the dietary department and the nursing and medical departments has been more clearly defined for ward personnel. On-the-job training is given to pantry girls for whom a special training manual has been developed also. Methods of keeping food hot, tasty, and attractive have been worked out and put into practice. We find we can serve coffee hot instead of lukewarm, a criticism that cropped up frequently among the questionnaire responses.

We now have movies every week.

It is not possible to recount all the changes that have resulted from the study. Some improvements no doubt would have come about because of the extensive use of chemotherapy in treating tuberculosis, reducing the average length of stay from 18 months to 8 months. Other improvements would have been expected from the staff's constant effort to lessen dissatisfaction and give the best possible care to each patient. We think we have made some progress in getting patients to feel that their physicians and nurses have a warm interest in their well-being, but such progress is hard to measure.

To whatever circumstance we attribute the changes, the discharges of patients against medical advice decreased from 44 percent of all live discharges in 1950 to 15 percent in 1954. To us this indicates that many of the factors causing dissatisfaction have been removed.

A Supplementary Study

A second study to refine our questionnaire and to ascertain the current opinion of patients about their hospital experiences was made in June 1955. In this second study we have attempted to design a questionnaire which can be used periodically, and for practical purposes it has been limited to about 65 items. As the research team worked on this second survey, two of the problems on which they have concen-

trated are (a) the problem of having staff members show more interest in their patients and (b) the need for better communication between physicians and nurses and between professional staff and patients.

During the early planning stage of the second study the five medical chiefs of service and the supervisory nurses voted to become active members of the research team rather than just members of the hospital coordinating committee. This made for an even closer relationship with the hospital staff than during the earlier survey. A staff member of the Anti-Tuberculosis League of King County, which contributed funds for publishing the first report (5), also is a member of the committee.

The results of our 1951 study have shown that Firland personnel have accepted an action study of their own behavior—a survey which involved themselves in its plan, conduct, and interpretation. Their willingness to take action on the findings, plus their ability to work together as a research team with the technical consultants, is in itself an accomplishment. The willingness to repeat the survey indicates an acceptance of

research methods to get at an understanding of dissatisfaction.

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Uterine Cancer Detection Studies

Eight cities have been selected for additional evaluation studies of the exfoliative cytology technique for detecting uterine cancer: Louisville, Ky.; Madison, Wis.; Detroit, Mich.; Charlotte, N. C.; San Diego, Calif.; Providence, R. I.; Columbus, Ohio; and Washington, D. C. Preliminary evaluation of the technique was conducted in Memphis, Tenn.

The new projects will begin as soon as arrangements are completed with sponsoring or cooperating local health and medical agencies, and each will continue for about 3 years. In some localities, the National Cancer Institute of the Public Health Service, will staff and equip local clinics and agencies; in others, grants will be made to support work that will be carried out entirely under local auspices.

A report of the study in Tennessee was presented in the April 1955 issue of *Public Health Reports*, p. 341.